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FOR	. 1	MUMBER FILED		(Column 2) NUMBER EXTRA		· SMALL ENTITY			OR:	OTHER THAN SMALL ENTITY	
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412107	(Column 1) CLAIMS		(Oolumin :	2) (Column s))	SMALL E		Of		OTHER TH	KA/
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*** If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

**** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".

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